

# Request for a Disability Evaluation for a Student Parentally Placed in a Private School

*Office of Special Education Services*

Date: \_\_\_\_\_

## **Student Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Referral Source: \_\_\_\_\_ Previously Retained? \_\_\_\_\_

## **Private School Information**

Private School: \_\_\_\_\_ School Phone: \_\_\_\_\_  
School Contact Name and Title: \_\_\_\_\_  
School Contact e-mail: \_\_\_\_\_

## **Parent Information**

Parent(s) Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Parent e-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Major Area(s) of Suspected Disability (Check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Learning<br>(i.e., dyslexia, learning disability) | <input type="checkbox"/> Developmental<br>(i.e., mobility, language, self-help, independent living) |
| <input type="checkbox"/> Communication<br>(i.e., speech or articulation impairment) | <input type="checkbox"/> Health   |

Is there a current medical condition? \_\_\_\_\_

Has the student been tested by a public school? \_\_\_\_\_

Has the student previously qualified for special education services (This includes speech services)? \_\_\_\_\_

How is the suspected disability affecting the child's ability to do well in school? (Be specific)

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Describe or list data that confirms the child's difficulty in school. (i.e. report card grades, progress reports, test scores, previous interventions, additional classroom support, etc.).

Please attach any additional information you feel is necessary to confirm the child's learning difficulties.

- |  |  |
|--|--|
| <input type="checkbox"/> Report Card grades for past 2 years       | <input type="checkbox"/> Previous evaluations                                    |
| <input type="checkbox"/> Standardized test scores for past 2 years | <input type="checkbox"/> Evidence of previous/current special education services |

Describe the results of implementing previous interventions and classroom supports (e.g. tutoring, use of assistive technology, etc.)

### Exclusionary Factors (Answer "yes" or "no" if any of the following have been ruled out in causing learning difficulties)

Do attendance patterns show that the student has changed schools so often, or has not attended school enough, that normal achievement gains were not possible?

\_\_\_\_\_

Have there been any significant or traumatic events in the student's life that contribute to the current learning problems?

\_\_\_\_\_

Are there any variables related to family history that may have affected school performance?

\_\_\_\_\_

Is the student's cultural background different from the culture of the school and larger society?

\_\_\_\_\_

### How do I submit this form?

Submit this form to the Office of Special Education Services - by saving this form and email as an attachment to [PrivateSchoolEvaluation@houstonisd.org](mailto:PrivateSchoolEvaluation@houstonisd.org)

(or)

Fax this form to 713-556-7099, The Attention of: Private School Request for Evaluation

(or)

### Mail this form to:

Houston Independent School District - Office of Special Education Services  
ATTN: Private School Request for Evaluation  
4400 West 18<sup>th</sup> Street  
Houston, Texas 77092

### How do I receive help in completing the request for evaluation?

If you have any difficulty in completing this form, contact [PrivateSchoolEvaluation@houstonisd.org](mailto:PrivateSchoolEvaluation@houstonisd.org)

### What should I expect after completing the request for evaluation?

All information contained in this form is confidential. The request for evaluation will be reviewed only by a team of evaluators in the Office of Special Education Services. The review will take place within 15-school days. Following the review, you will be contacted to begin the referral process, or you will be formally notified the request for evaluation has been refused. The reasons for refusal will be listed in the formal letter, titled Prior Written Notice of Refusal to Evaluate.

<b>(Office Use Only)</b>	Date of phone call prior to sending Prior Written Notice of Refusal Letter: _____
Review Date: _____	Referral Package Mailed Date: _____
Prior Written Notice of Refusal Letter Mailed Date: _____	